

IN AND FOR THE MIDDLE DISTRICT COURT OF ALABAMA

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ANGELA DENISE NAILS,

2007 OCT -9 A 10:10

Plaintiff,

EBRA P. HACKETT, CLERK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

VS.

CASE NO.

1:06cv 797-MHT

UNLIMATE BUSINESS SOLUTIONS,

Defendant(s)

MOTION TO APPEAL

The plaintiff is asking that the case that has been dismiss be appealed.


ANGELA DENISE NAILS
PROSE ATTORNEY

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IN THE _____ COURT OF _____ ALABAMA
 (Circuit, District, or Municipal) 2007 OCT 10 A 9: 3 Name of County or Municipality

STYLE OF CASE: Angela Denise Nail v. UNlimate Business Solutions
 Plaintiff(s) _____ Defendant(s) _____

TYPE OF PROCEEDING: _____ CHARGE(S) (if applicable): _____
 U.S. DISTRICT COURT
 MIDDLE DISTRICT ALA

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ **CIVIL CASE--**(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ **CRIMINAL CASE--**I am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION** - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I.

AFFIDAVIT

1. IDENTIFICATION

Full Name Angela Denise Nail Date of Birth Jan 8, 1961
 Spouse's Full Name (if married) _____
 Complete Home Address 116 East Street #46 Carrollton, Alabama 35447
 Number of People Living in Household 3
 Home Telephone No. 205 367-1123
 Occupation/Job None Length of Employment None
 Driver's License Number _____ * Social Security Number _____
 Employer None Employer's Telephone No. None
 Employer's Address None

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☒ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income \$ 852.00
 Spouse's Monthly Gross Income (unless a marital offense) _____
 Other Earnings: Commissions, Bonuses, Interest Income, etc. _____
 Contributions from Other People Living in Household _____
 Unemployment/Workmen's Compensation, _____
 Social Security, Retirement, etc. _____
 Other Income (be specific) Pell Grant 4 monts _____
\$75.00 Each month 75.00

TOTAL MONTHLY GROSS INCOME

\$ 927.00

Monthly Expenses:

A. Living Expenses
 Rent/Mortgage \$ 39.56
 Total Utilities: Gas, Electricity, Water, etc. \$ 250.00
 Food 25.00
 Clothing 50.00
 Health Care/Medical 78.57
 Insurance 462.00
 Car Payment(s)/Transportation Expenses 0
 Loan Payment(s) _____

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AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER

Case Number

Monthly Expenses: (cont'd from page 1)

Credit Card Payment(s)

Educational/Employment Expenses

Other Expenses (be specific) Auto Warranty \$98.00Postage \$16.00 telephone bill \$40.00 Cable \$22.00

Sub-Total

A \$ 1,130.86

B. Child Support Payment(s)/Alimony

Sub-Total

B \$ 0

C. Exceptional Expenses

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ 1,130.86

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$ 203.86

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

Equity in Real Estate (value of property less what you owe)

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe)

Other (be specific) Do you own anything else of value? ☐ Yes ☒ No
(land, house boat, TV, stereo, jewelry)If so, describe 32" Sanyo Color Television

TOTAL LIQUID ASSETS

\$ 84.00

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

day of

1st day of Oct, 2007

Judge/Clerk/Notary

Angela Denise Nail
Affiant's Signature
Angela Denise Nail
Print or Type Name

SECTION II.

ORDER OF COURT

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

- ☐ Affiant is not indigent and request is DENIED.
☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____

- ☐ Affiant is indigent and request is GRANTED.
☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, 19 ____.

Judge